



Verbal Cremation Consent

Decedent ' s Name \_\_\_\_\_  
First/Middle/Last

Name of Person ( S ) Authorizing Cremation and Disposition

\_\_\_\_\_  
Authorized Person Relationship to Deceased

Address: \_\_\_\_\_

City/State & Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Ashes Disposition: 1. ☐ Return to Authorized Person 2. ☐ Scatter

This verbal consent to release the remains of \_\_\_\_\_  
to the Miami-Dade County Public Interment Program was received on  
\_\_\_\_\_. ( date )

Received By: \_\_\_\_\_  
Public Interment Program Representative

\_\_\_\_\_  
Hospital/Nursing Home Representative/Other Telephone Number

The verbal consent was witnessed by: \_\_\_\_\_